

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

27 FEB 2007

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		/		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		/		/		
37		/		/		
38		/		/		
39		2		/		
40		0		/		
41		0		/		
42		0		/		
43		0		/		
44		0		/		
45		0		/		
46		0		/		
47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	98	←	59	←		←
TOTAL CLAIMS	100		60			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
53		0		/		
54		0		/		
55		0		/		
56		0		/		
57		0		/		
58		0		/		
59		0		/		
60		0		/		
61		0		/		
62		0		/		
63		0		/		
64		0		/		
65		0		/		
66		0		/		
67		0		/		
68		0		/		
69		0		/		
70		0		/		
71		0		/		
72		0		/		
73		0		/		
74		0		/		
75		0		/		
76		0		/		
77		0		/		
78		0		/		
79		0		/		
80		0		/		
81		0		/		
82		0		/		
83		0		/		
84		0		/		
85		0		/		
86		0		/		
87		0		/		
88		0		/		
89		0		/		
90		0		/		
91		0		/		
92		0		/		
93		0		/		
94		0		/		
95		0		/		
96		0		/		
97		0		/		
98	/			/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						